

Chronic Wasting Disease
Please complete in ink

PURCHASED ADDITIONS TO THE HERD for Census Date: / /

NAME:			BUSINESS NAME:		
ADDRESS:			SPECIES:		
CITY:		ZIP:	NUMBER OF ANIMALS IN HERD:		
PHONE:			WI CWD HERD NUMBER: 35 - CW - _____ - _____		WI FARM-RAISED DEER REGISTRATION #

#	OFFICIAL IDENTIFICATION UNIQUE IDENTIFICATION	Month & Year Born	SEX	RECEIVED FROM:	Source Herd CWD Number	How long in source herd?	Date of Receipt
1				Name:			
				Address:			
2				Name:			
				Address:			
3				Name:			
				Address:			
4				Name:			
				Address:			
5				Name:			
				Address:			
6				Name:			
				Address:			
7				Name:			
				Address:			
8				Name:			
				Address:			
9				Name:			
				Address:			
10				Name:			
				Address:			

Chronic Wasting Disease # 35 – CW -

PURCHASED ADDITIONS TO THE HERD (continuation) for Census

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#	OFFICIAL IDENTIFICATION UNIQUE IDENTIFICATION	Month & Year Born	SEX	RECEIVED FROM:	Source Herd CWD Number	How long in source herd?	Date of Receipt
				Name:			
				Address:			
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